

HOUSE BILL REPORT

HB 1301

As Reported by House Committee On:

Health Care

Title: An act relating to requiring uniform prescription drug information cards.

Brief Description: Requiring uniform prescription drug information cards.

Sponsors: Representatives Cody, Campbell, Conway, Pennington, Ruderman, Edmonds, Edwards, Kenney, Rockefeller, McIntire and Schual-Berke.

Brief History:

Committee Activity:

Health Care: 2/9/01, 2/20/01 [DP].

Brief Summary of Bill

- Health benefit plans that issue prescription drug information cards to beneficiaries for filling prescriptions by pharmacists are required to use uniform prescription drug information developed by the National Council for Prescription Drug Programs.
- The state Insurance Commissioner must implement this requirement, and may adopt rules as necessary. No health benefit plan may do business in this state without complying with this requirement.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 13 members: Representatives Campbell, Republican Co-Chair; Cody, Democratic Co-Chair; Schual-Berke, Democratic Vice Chair; Alexander, Ballasiotes, Conway, Darneille, Edmonds, Edwards, Marine, McMorris, Pennington and Ruderman.

Staff: John Welsh (786-7133).

Background:

There is no uniform prescription drug card being utilized by beneficiaries of health benefit plans, including state administered health programs, for filling drug prescriptions.

Currently, there are from 1,000 to 2,500 differently formatted prescription drug benefit cards being used to fill prescriptions. Over 70 percent of all prescriptions are paid for by some type of health insurance program.

The National Council for Prescription Drug Programs has developed a standard format for information on patient pharmacy benefit cards in order to increase the efficiency of operations and communications with patients and prescribing providers. This information is used by pharmacists to determine the specific health coverages for patients and provide the appropriate drugs outlined in their service provider agreements. The uniform information contains six record fields on the card, including the patient's name; the patient's ID number; the name of the health plan issuing the card; the group number; and the prescription number.

To date, nine states have adopted the use of the uniform prescription drug card.

Summary of Bill:

There is a declaration of legislative intent to improve care to patients by streamlining the dispensing of prescription products paid for by health benefit plans.

A health benefit plan includes an accident and health insurance policy; a nonprofit hospital or medical service corporation contract; a health maintenance organization; a multiple employer welfare arrangement; or other health benefit arrangement, including a federal ERISA welfare benefit plan if permitted by federal law. It does not include insurance contracts for accident, credit, disability income, a specified disease, dental or vision; a liability insurance supplement; homeowners or automobile coverage; or hospital income or indemnity.

A health benefit plan is required to issue to a beneficiary a uniform card or other technology containing uniform prescription drug information in a format developed by the National Council for Prescription Drug Programs or other national format approved by the state Insurance Commissioner. The information must be in a clear, readable, and understandable manner. The drug benefit cards shall be updated with the latest uniform coverage information. The uniform card may be used for any and all health insurance coverage.

The state Insurance Commissioner is responsible for implementing this requirement, and has rule-making authority. No health benefit plan may conduct business in this state unless it complies with this requirement.

Appropriation: None.

Fiscal Note: Available

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The use of a uniform prescription drug card by all insureds in this state would increase the pharmacist's efficiency in filling prescriptions and facilitate communication between the patient and pharmacist. It would streamline the dispensing of drugs and save costs.

Testimony Against: None.

Testified: Rod Shafer; Warren Hall; Brian Gallagher; Paul Martin; and Dr. Art Zoloff, Northwest Pharmacy Services